SURMIT: COMPLETED APPLICATION, TAX STAREMENT AND FEE TO:

Planning ar PO Box 58 Bayfield County
Planning and Zoning Depart.

Washburn, WI 54891 (715) 373-6138

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

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Permit #:

14.00%

**Amount Paid:** 

#255 #255 1

V

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Authorized Agent: (Person Sir TYPE OF PERMIT REQUESTED \(\Big| \) \(\big| \) LAND USE \(\Big| \) SANITARY \(\Big| \) Mailing Addri \* include donated time & ¥ Shoreland Existing Structure: (if pe Proposed Construction: of Completion ☐ Non-Shoreland Address of Prope Value at Time Residential Use \$50,000 Rec'd for Issuance 35165 Colletho Secretarial Staff
Twe) declare that this applicable am (are) responsible for the det PROJECT LOCATION Commercial Use Municipal Use Proposed Use Section 23 1/4, 40 FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES at this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) sible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which of Bayfield County in existing whether to issue a permit. I (we) further accept liability which of Bayfield County in existing whether to issue a permit. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the propose of inspection. Mark New Construction Legal Description: (if permit being applied for is relevant to it) 風Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes.— Property Run a Business on Conversion
Relocate (existing bldg) Addition/Alteration , Township 1/4 Project ₹ X you applying for) isted on the Deed All Owners must sign or letter(s) of authorization must accompany this application) to Humanic S Residence (i.e. cabin, hunting shack, etc. Other: (explain) Conditional Use: (explain) Special Use: (explain) Mobile Home (manufactured date) Principal Structure (first structure on property) Accessory Building Addition/Alteration (specify) **Bunkhouse** w/ ( $\square$  sanitary, or  $\square$  sleeping quarters, or  $\square$  cooking & food prep facilities) Accessory Building Addition/Alteration (specify) (Usa Tax Statement) N, Range and/or basement with Attached Garage with (2<sup>nd</sup>) Deck with (2<sup>nd</sup>) Porch with a Deck with a Porch 1-Story + Loft , 2-Story 1-Story Basement # of Stories Foundation No Basement 400 \$ (specify) PIN: (23 digits)
04- 666- 2-50-04-33-3 00-129-09000
(s) 7 65M-46 fol & Page Lot(s) No. Block(s) No. 10 946 7/5-209-03co Agent Phone: 3862 City/State/Zip 250-108-51 ٤ Contráctor Phone: Bayfield is Proposed Structure Length: Length (incl. Intermittent) Seasonal Year Round continue PRIVY CIYSTAID Use Buyfield 0 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Plumber:
Cady Plumbing
Agent Malling Address (include C ☐ CONDITIONAL USE Agent Malling Address (include City/State/Zip):
Agent Malling Address (include City/State/Zip):
Attached

Attached
Recorded Document: (i.e. Property Ownership) Distance Structure is from Shoreline : Distance Structure is from Shoreline: bedrooms 2 turns None S S <u>o</u> # Jousau, MI □ None ☐ Sanitary (Exists)
☐ Privy (Pit) or ☐ Width: Width: Municipal/City (New) Sanitary Portable (w/service contract)
Compost Toilet 0 SPECIAL USE Sewer/Sanitary System ls on the property? 200 X 637 What Type of Volume . Lot Size Plat of Bayshare Subdivision: 10445 feet :05  $\widetilde{\omega}$ Specify Type Vaulted (min 200 gallon) Pile South **Dimensions** Is Property in Floodplain Zone? × × ××  $\times |\times| \times$ × 11'6") Height: Height: □ 20 8 6 715 - 373-2375 Written Authorization -548-51 Telephone: Cell Phone: Acreage Page(s) OTHER Pershis 730 SER Are Wetlands
Present? 0. Footage Square Z Z O 57 Well Water ξ

Address to send

permit

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128454

Copy of Tax Stati

Attach

Date

12014

Authorized Agent:

(if you

on behalf of the west

- Show Location of: Show / Indicate:
- Show Location of (\*):
- Show:
- Show any (\*): Show any (\*):

- Proposed Construction
  North (N) on Plan
  (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  All Existing Structures on your Property
  (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  (\*) Wetlands; or (\*) Slopes over 20%

See Attached Plans

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Setbacks: (measured to the closest point)

		Feet	WA Feet	Setback to Privy (Portable, Composting)
		Feet	NA	Setback to Drain Field
V C	Setback to Well	Feet	22	Setback to Septic Tank or Holding Tank
Lear	Elevation of <b>Floodplain</b>	Feet	J	Setback from the East Lot Line
S	Setback from 20% Slope Area	Feet	20	Setback from the West Lot Line
10/14 Feet	Setback from Wetland	Feet	a o	Setback from the South Lot Line
A / / A Exat		Feet	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Setback from the North Lot Line
75	Setback from the Bank or Bluff			
N/A reet	Setback from the River, Stream, Creek	Feet		Setback from the Established Right-of-Way
75 Feet	Setback from the Lake (ordinary high water mark)	Feet	بر ج	Setback from the Centerline of Platted Road
	topot bank			
Measurement	Description	nt	Measurement	Description

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

other previously surveyed comer or marked by a licensed surveyor at the owner's expense

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Permit Denied (Date): Inspection Record: SITE WER FURLED BY Granted by Variance (B.O.A.) Condition(s): Town, Committee or Board Conditions Attached? □Yes □No-(IFNoth Date of Inspection: Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Was Parcel Legally Created Xves ☐ No अन् ऽधरप्रध्यका Was Proposed Building Site Delineated Xves ☐ No अन् ऽधरप्रध्यका 700 DUEF 元 288 7. 元 PERSON T もなべ 6. NIT 8 Case #: KERNIES: ☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguous ☐ Yes (Fused/Contiguous Lot(s)) wide Sanitary Number: Permit Date: 6.4 Inspected by: Reason for Denial: さるがあれ Surveyor 李紫 No-(If No they need to be attached) シアガル Mitigation Required Mitigation Attached Previously. Granted by Ž Were Property Lines Represented by Owner
Was Property Surveyed (NOT CLEARE COT) KARA 6 to reduce the Marghy □ Yes Variance (B.O.A.) である子で VIEW CORPLIDENCE Affidavit Required Affidavit Attached Apply To \*\*\* \*\*\* Date of Re-Inspection: Lakes Classification ( Zoning District できた ON ON OFFICE AND THE □ Yes 848 8 8 X2X

Hold For Sanitary:

DIST. | HOLIFORTBA:

Hold For Affidavit:

Hold For Fees:

Date of Approval: 6214

Signature of Inspector:

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# **ZONING + CODE RESTRICTIONS**

ZONING DISTRICT: R-RB RESIDENTIAL - RECREATIONAL BUSINESS

## PRINCIPLE + ACCESSORY BUILDINGS

FRONT: 75' (FROM ORDINARY HIGH WATER MARK OF NAVIGABLE WATERS) \*ERODIABLE AREAS REQUIRE 142' FROM TOP OF BLUFF- MAY BE LESS WHEN REVIEWED BY ZONING DEPARTMENT

SIDE: 10' (40' TOTAL SPLIT ON EITHER SIDE)

REAR: 40' (FROM CENTERLINE OF EASEMENT ROAD)

ITE DIAGRAM

25' SETBACK (ON MAPPED WETLANDS 2 ACRES OR GREATER)

## **COVENANT RULES FOR LOT**

-ONE SINGLE FAMILY DWELLING, NOT TO EXCEED (2.5) STORIES AND ONE GAZEBO -PROHIBITED STRUCTURES SHALL INCLUDE, WITH LIMITATION:BOAT SHELTERS, ANIMAL SHELTERS, TREE HOUSES, STORAGE SHEDS, AND THE LIKE.

-NO TEMPORARY STRUCTURES (TRAILER, BASEMENT, MOTOR HOMES, TENTS, SHACK, BARN, OR OTHER BUILDING) SHALL BE USED ON ANY LOT AS A RESIDENCE TEMPORARILY OR PERMANENTLY. -NO TREES IN EXCESS OF 4 INCHES IN DIAMETER SHALL BE REMOVED EXCEPT AS NECESSARY FOR CONSTRUCTION PURPOSES WITHOUT PLANNING COMMITTEE APPROVAL. OWNER'S MAY CUT A VIEW CORRIDOR IN ACCORDANCE WITH BAYFIELD COUNTY ZONING ORDINANCES.

## MINIMUM BUILDING FOOTPRINT

ONE STORY: 1,650 SF MULTI-STORY: 1,000 SF MAY

ij PERMIT 2014 23,

DRAWN BY:

SITE DIAGRAM

ML, WS

THE HOFFIMANN COTTAGE
Bayshore Heights, Chequamegon Road
Bayfield, Wisconsin PROJECT PHASE: Construction ROJECT NUMBER: 13-029 ISSUE DATE:

May 23, 2014

EHKAMP LARSON ARCHITECTS INC. 732 West 43rd Street, Mpls, MN 55410 el. 612-285-7275 Fax. 612-285-7274

2732 Tel.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Permit #: Date:

Amount Paid: 1-16-5-04

Refund:

TAY 29 2014

TYPE OF PERMIT REQUESTED—> Owner's Name:	QUESTED→►   □ LAND USE □ SANITARY   Mailing	PRIVY Address:	City/state/	Zip:	SPECIAL USE 🗆 B.	B.O.A.   OTHER  Telephone:	1ER
STEVEN	PRECIOST	POBOX 1515		BAYFIECE	1.825 100C	Cell Phone:	
368/0 ery	Hey I	BAYFIE CO CE	1 54	118		-315-908-	2-40%
Contractor:		Contractor Phone: F	Plumber:			Plumber Phone:	one:
ed Agent:	(Person Signing Application on behalf of Owner(s))		Agent Mailing Address	(include	City/State/Zip):	Zip): Written Authorization Attached □ Yes □ No	thorization No
PROJECT	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-006. 7 ~ 5 0 - 4	201-61-h	-000-35000	Recorded Docume	nt: (i.e	Property Ownership)
NW 1/4, NE	C 1/4 Gov't Lot Lot(s)	CSM Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:		
Section / 8-	, Township 5 d N, Range 😾	Town of:	(CCD		Lot Size	Acreage 576	8
	☐ Is Property/Land within 300 feet of River,	er, Stream (incl. Intermittent)	Distance Structure	ture is from Shoreline :	<del>-</del>	Is Property in	Are Wetlands
□ Shoreland →	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ce, Pond or Flowage If yescontinue	Distance Structure	ture is from Shoreline :	7		□ Yes □ No
Non-Shoreland							
e ion	Project # of Stories (What are you applying for) and/or basement	nent Use	# of bedrooms	Sew. Is	What Type of Sewer/Sanitary System Is on the property?	tem P	Water
material <b>S</b>	E New Construction	□ Seasonal	1	□ Municipal/City	lity		□ Çity
<b>\$</b>	Addition/Alteration   1-Story +	Loft	ω <b>ν</b>	(New) Sanitary	anitary Specify Type:	e: A	_ Xwell
	Relocate (existing bldg) Basement	Pn+	None	☐ Privy (Pit)	Privy (Pit) or   Vaulted ( Portable (w/service contract)	Vaulted (min 200 gallon) e contract)	
		JA .		☐ Compost Toilet  ⚠ None	ilet		
Existing Structure: (If per Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:	) Length: くの		Width:	0 '	Height:	\ \ \
Proposed Use	<b>→</b>	Proposed Structure	lre		Dimensions	sions	Square Footage
	☐ Principal Structure (first structure on property) ☐ Residence (i.e. cabin, hunting shack, etc.)	t structure on property) nting shack, etc.)	a material spirit annual process and a spirit spiri	dayb the same and	~ × ×	<u> </u>	4,44
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☐ Commercial Use	with	ed Garage			( x	. )	
	☐ Bunkhouse w/ (☐ sanitary, or ☐ s Mobile Home (manufactured date)	y, or $\square$ sleeping quarters, ured date)	or ☐ cooking &	food prep facilities)	( X X		**************************************
	Addition/Alteration	(specify)	WHEN THE PROPERTY OF THE PROPE	edula de la company de la comp	(30 ×	50 -	200
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Secretarial Stati		or STARTING CONSTRUCTION	WITHOUT A PERMI	T WILL RESULT IN PE	NALTIES		
I (we) declare that this ap am (are) responsible for t may be a result of <b>Bayf</b> ie	I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct am (are) responsible for the despinand accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issume the aresult of Bayfield County in determining whether to issume the aresult of Bayfield County relying on the information I (we) am (are) providing of or with this application. I (we) consent to county officials charged with administration of the county officials charged with administration of the county o	been examined by me (us) and to the providing and that it will be relied owding if or with this application.	ie best of my (our) know upon by <b>Bayfield Coun</b> I (we) consent to coun	wledge and belief it is tr ty in determining wheth ity officials charged wit	ue, correct and comple her to issue a permit. I h administering county	set and complete. I (we) acknowledge that I (we) use a permit. I (we) further accept liability which stering county ordinances to have access to the	ige that I (we) liability which access to the
above described property	Panyreasonable tipe to the urpose of inspection.	R			Date	5-29.	14
(If there are Multiple Owns	s land on the Deed All Owners	must sign or letter(s) of authorization	ation must accomp	must accompany this application)			
Athousand Account.							

Address to send permit <u>STさい</u>さん T PREJOST D. C.BOX I SIS BAY FILL OL Copy of Tax Statement
If you recently purchased the property send your Recorded Deed
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of

authorization must accompany this application)

The ILI - [7] above [prior to continuity]  The ILI - [7] above [prior to continuity]  Selected fines of Patrick fines of Patr	Reason for Denial:  Permit Date:  No  Yes (Deed of Record)  Yes (Fused/Contiguous Lot(s))  A Xyes   No  Reason for Denial:  A No  No  Yes (Deed of Record)  Yes (Fused/Contiguous Lot(s))  A Xyes   No  Reason for Denial:  A No  No  No  Property bonedary.  Property bonedary.  Inspected by J. Chooped Conditions Attached?   Yes   No-(If Not) the No  Take Humbs Habitation  Pawts is Appearing.
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(*) Well ( $\overline{\mathbb{W}}$ ); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	Show: Show any (*):
	<ul> <li>(3) Show Location of (*): (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)</li> <li>(4) Show: All Existing Structures on your Property</li> </ul>